

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST	339	1/97/95
VERIFIER	196	1-28-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
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SYMBOLS
 ✓ Rejected
 - Allowed
 (Through number) Cancelled
 * Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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